PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-02 W02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -3 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047162

1. Corporation Name

AMARETTO 13 CORPORATION

2. Principal Office Address		**3.** Mailing Office Address	
104 Crandon Blvd.		104 Crandon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 414		Suite 414	
City & State		City & State	
Key Biscayne, Florida		Key Biscayne, Florida	
Zip	Country	Zip	Country
33149	USA	33149	USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/6/93

5. FEI Number: 65-0431176 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue

800009317928
12/03/02--01044--030 **450.00

Suite, Apt. #, Etc.: Suite 200

City: Miami, State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 11-01-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Pereira, Enrique A.	452 Warren Lane	Key Biscayne, FL 33149
D	Sandino, Auxiliadora P.	452 Warren Lane	Key Biscayne, FL 33149
V	Pereira, Eduardo X.	104 Crandon Blvd., Suite 320	Key Biscayne, FL 33149

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ VP 11/26/02 305-361-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CASTILLO & ASSOCIATES

ATTORNEYS AND COUNSELORS AT LAW

Alvaro Castillo B., P.A.

1390 Brickell Avenue, Suite 200
Miami, Florida 33131

Telephone: (305) 371-5540
Fax: (305) 371-5541
alcapa@aol.com

October 18, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: AMARETTO 13 CORPORATION

To whom it may concern:

Attached please find a Corporation Reinstatement form together with a check in the amount of $450.00 to reinstate Amaretto 13 Corporation.

Also attached please find a copy of the last Annual Report 1999, which was filed on April 12, 1999 with a correction in the address, which apparently was never done. Please waive the reinstatement fees for the years 2000 and 2001.

If you have any questions, please do not hesitate to contact me.

Sincerely,

ALVARO CASTILLO B.

ACB/mor

Encl.